

**SOUTH CENTRAL WDC
WIA SUPPORTIVE SERVICE FORM**

Name: _____ Title: _____

SSN: _____ Date: _____

Sub Code: _____ Counselor: _____ Phone: _____

Support Type: Supportive Service
 Post Supportive Service
 Needs Related Payments

Service Code: Transportation
 Health Care
 Family Care
 Housing or rental assistance
 Counseling: personal, financial, or legal
 Meals/Food
 Clothes
 Other (describe in justification)
 Training: post supportive service

Amount: _____ Date Service Received: _____
Purchase Order # _____

Justification for Services: Availability of non WIA resources have been researched prior to WIA Supportive Service expenditure.

Vendor Information:

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Participant Signature _____ **Date** _____

Authorized Signature: _____ **Date** _____